

Exhibit C

Beneficiary Designation Form**Form to Be Retained by Plan Administrator**

Group Number:	Social Security Number: REDACTED	Employer: Diocese of Greensburg
Employee Name: Last, First, M.I. <u>FERENCE, Kenneth A.</u>		
Mailing Address: <u>1400 Bailey Farm Road</u>		
City: <u>Greensburg</u>	State: <u>PA</u>	Zip: <u>15601</u>
Home Phone: <u>724-396-4866</u>	Work Phone: <u>724-834-7940</u>	Ext:

BENEFICIARY INFORMATION

Upon your death, all proceeds from the Plan will be paid to your beneficiary(ies) in the order specified below. Only you, the participant, may change the designation. If you do not designate a beneficiary, or your beneficiary, if any, does not survive you, your death benefit will be paid according to the terms of the plan.

Primary Beneficiary (ies) Full name of individual or Trust (and date of trust if applicable)	Address and Phone No.	SSN/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit (whole percentage)
REDACTED	<u>1400 Bailey Farm Road</u> <u>Greensburg PA 15601</u> <u>724-396-4866</u>	REDACTED		<u>son</u>	<u>100%</u>

PRIMARY TOTAL: 100%

Contingent Beneficiary (ies) Full name of individual or Trust (and date of trust if applicable)	Address and Phone No.	SSN/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit (whole percentage)
<u>William David Fry</u>	<u>1400 Bailey Farm</u> <u>Greensburg PA 15601</u> <u>724-396-4866</u>	REDACTED		<u>Friend</u>	<u>100%</u>

CONTINGENT TOTAL: 100%

Please see the following page for examples of proper beneficiary designations.

* If the participant wishes to designate beneficiaries to share equally, then a percentage should not be listed. Receipt of this form in the offices of your Employer cancels all prior beneficiary designations filed with your Employer. No change of Beneficiary will take effect until this request has been received in good order by your Employer.

I hereby designate the person(s) listed above as my beneficiary(ies) under the Plan.

Kenneth A. D. Ference
Participant Signature

8/25/21
Date

Keep a copy for your records. Do not return to MassMutual.